

# PERSONAL FINANCIAL STATEMENT

FORM PFS  
COVER SHEET  
PAGE 1

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2019, covering calendar year ending December 31, 2018.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #  
9

ACCOUNT #  
00041161

1 NAME

TITLE; FIRST; MI

The Honorable Robert C.

NICKNAME; LAST; SUFFIX

Bert Richardson

## OFFICE USE ONLY

Date Received

ELECTRONICALLY FILED

04/30/2019

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP

P.O. Box 12308, Capitol Station  
Texas Court of Criminal Appeals  
Austin, TX 78711

☐ (CHECK IF FILER'S HOME ADDRESS)

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

3 TELEPHONE  
NUMBER

AREA CODE PHONE NUMBER; EXTENSION

[REDACTED]

4 REASON  
FOR FILING  
STATEMENT

- ☐ CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)
- ☒ ELECTED OFFICER Judge Texas Court of Criminal Appeals Pl. 3 (INDICATE OFFICE)
- ☐ APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)
- ☐ EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)
- ☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- ☐ STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)
- ☐ OTHER \_\_\_\_\_ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Mrs. Theresa Richardson

DEPENDENT CHILD 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

# SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |                                 |  |
|---|--|---------------------------------|--|
| 1 INFORMATION RELATES TO  | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 EMPLOYMENT<br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br>EMPLOYER<br>State of Texas<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 12308 Capitol Station<br>Austin, TX 78711<br>POSITION HELD<br>Judge Court of Criminal Appeals |                                 |  |
| <input type="checkbox"/> SELF-EMPLOYED                                  | NATURE OF OCCUPATION   |                                 |  |

|   |  |                                 |  |
|---|--|---------------------------------|--|
| INFORMATION RELATES TO  | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT<br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br>EMPLOYER<br>Texas Runner and Triathlete<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>10694 Haddington Suite E<br>Houston, TX 77043<br>POSITION HELD<br>Sports Photographer |                                 |  |
| <input type="checkbox"/> SELF-EMPLOYED                                | NATURE OF OCCUPATION   |                                 |  |

|   |  |  |  |
|---|--|--|--|
| INFORMATION RELATES TO  | <input type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT<br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br>EMPLOYER<br>San Antonio Water System<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>2800 U.S. Hwy 281 North<br>San Antonio, TX 78212<br>POSITION HELD<br>Employee benefits Manager |  |  |
| <input type="checkbox"/> SELF-EMPLOYED                                | NATURE OF OCCUPATION   |  |  |

# SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |  |  |
|---|--|--|--|
| 1 INFORMATION RELATES TO  | <input type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 EMPLOYMENT<br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br>EMPLOYER<br>Teacher Retirement System of Texas<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1000 Red River Street<br>Austin, TX 78701-2698<br>POSITION HELD<br>Retiree |  |  |
| <input type="checkbox"/> SELF-EMPLOYED                                  | NATURE OF OCCUPATION   |  |  |

|   |   |  |  |
|---|---|--|--|
| INFORMATION RELATES TO  | <input type="checkbox"/> FILER  | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT<br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br>EMPLOYER<br>Texas Municipal Retirement System<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 149153<br>Austin, TX 78714-9153<br>POSITION HELD<br>Retiree |  |  |
| <input type="checkbox"/> SELF-EMPLOYED                                | NATURE OF OCCUPATION  |  |  |

|   |  |  |  |
|---|--|--|--|
| INFORMATION RELATES TO  | <input type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT<br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br>EMPLOYER<br>Principal Life Insurance Company<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>711 High Street<br>Des Moines, TX 50392-0001<br>POSITION HELD<br>Retiree |  |  |
| <input type="checkbox"/> SELF-EMPLOYED                                | NATURE OF OCCUPATION   |  |  |

# STOCK

## PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                             |  |  |  |  |
|-----------------------------|--|--|--|--|
| 1 BUSINESS ENTITY           | NAME<br>Southwest Airlines   |  |  |  |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER                              | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| 3 NUMBER OF SHARES          | <input checked="" type="checkbox"/> LESS THAN 100                      | <input type="checkbox"/> 100 TO 499        | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999  |
|                             | <input type="checkbox"/> LESS THAN 10K                                 | <input type="checkbox"/> 10,000 OR MORE    |  |  |
| 4 IF SOLD                   | <input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999     | <input type="checkbox"/> \$10,000 - \$24,999<br><input type="checkbox"/> \$25,000--OR MORE |

# INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

## PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|  |  |
|--|--|
| <b>1</b> SOURCE OF INCOME                          | NAME AND ADDRESS   |
| <input type="checkbox"/> Publicly held corporation | Randolph Brooks Federal Credit Union<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box2097<br><br>San Antonio, TX 78148-2097                                       |
| <b>2</b> RECEIVED BY                               | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| <b>3</b> AMOUNT                                    | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |  |  |   |
|---|--|--|--|---|
| 1 PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT | Randolph Brooks Federal Credit Union       |  |  |   |
| 2 LIABILITY OF  | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE            | <input type="checkbox"/> DEPENDENT CHILD _____ |   |
| 3 GUARANTOR   | NONE                                       |  |  |   |
| 4 AMOUNT  | <input type="checkbox"/> \$1,000 - \$4,999 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999   | <input checked="" type="checkbox"/> \$25,000--OR MORE |

# INTERESTS IN REAL PROPERTY

## PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|  |   |
|--|---|
| <b>1</b> HELD OR ACQUIRED BY   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| <b>2</b> STREET ADDRESS<br><br><input type="checkbox"/> NOT AVAILABLE<br><input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><br>[REDACTED]<br><br>[REDACTED]   |
| <b>3</b> DESCRIPTION<br><br><input type="checkbox"/> LOTS<br><input checked="" type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><br>1.00000 acres<br>Bexar  |
| <b>4</b> NAMES OF PERSONS RETAINING AN INTEREST<br><br><input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)                  | Richardson, Theresa (Mrs.)  |
| <b>5</b> IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

# PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS  
COVER SHEET  
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

## 6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☐ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☒ N/A Part 4 - Mutual Funds
- ☐ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☐ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☒ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☒ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☒ N/A Part 11A - Business Associations
- ☒ N/A Part 11B - Assets of Business Associations
- ☒ N/A Part 11C - Liabilities of Business Associations
- ☒ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator



# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Robert C. Richardson

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath